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NOTICE OF FILING/CLAIM FEE(S) DUE TO ENSURE PROPER CREDIT OF FEES, PLEASE RETURN A COPY OF THIS FEE CALCULATION SHEET WITH YOUR RESPONSE.

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APPLICATION N	NUMBER	•					
Total Fee Calculation							:
	Fee Code	Total # Claims	Number Extra	_x_	Fee	Fee =	Total
	Sm./Lg.				Sm. Entity	Lg. Entity	760
Basic Filing Fœ	201/101						
Total Claims >20	203/103	20 -2	0 = 3 = <u>3</u>	X			0.7/
Independent Claims >3	202/102	6.	3 = 3	X		78	234
Mult. Dep Claim Present	204/104						
Surcharge	205/105			· .			
English Translation	139			•		·	
TOTAL FEE CALCUI	LATION						999
Fees due upon filing	the applicati	on:					•
Total Filing Fees Du	ie = \$	994	·			<i>,</i>	
Less Filing Fees Sub	omitted -	s 916					
BALANCE DUE	= * d	s <u>78</u>			· ·		
Office of Initial Pat	ent Examina	tion		,			

FORM OIPE-RAM-01 (Rev. 5/97)